

Annual Address

BY THE PRESIDENT

FORDYCE BARKER, M.D.
OF NEW YORK



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ANNUAL ADDRESS BY THE PRESIDENT.

MEDICAL GYNECOLOGY.

BY FORDYCE BARKER, M. D.

New York.

WE meet at this, our second Annual Reunion, feeling that the experiment of our first has proved a success. A volume of our Transactions has been published, which is certainly "fair to look upon," as becomes a work which treats of woman in any of her relations. Of the value of its contents, we have yet to wait for the verdict of the profession, as announced by a demand for its possession and the judicial sentence of keen reviewers in the medical journals of all parts of the world. But I feel authorized to express, as the sentiment of the Society, as a matter of simple justice, a warm appreciation of the taste and judgment of the Publishing Committee and of the indefatigable zeal and conscientious work of our Secretary. We may well congratulate ourselves that such a standard of excellence, in all that pertains to the publication of the results of our work, has been established as a precedent. Let us hope that this standard may never be lowered! Let us all earnestly labor to make the contents of so handsome a volume worthy of its "outward adornment!"

One of the Founders of this Society, but one who was prevented by illness from attending the meeting for its organization and our first annual session, has ceased his labors as an Obstetrician and Gynecologist. Charles E. Buckingham, M. D., Professor of Obstetrics and Medical

Jurisprudence in the Medical Department of Harvard University, died in Boston, February 19, 1877, at the age of fifty-six years. We all know something of what he had done in Obstetrics and Gynecology, and the position and rank that he had attained in the profession, and we may confidently anticipate that the Publishing Committee will secure from some one competent to do the work with taste and judgment, a biographical tribute to the man and the Professor, for our next volume of Transactions.

At our last meeting, we had not learned that one of the few distinguished Gynecologists in foreign countries whom the Society elected as an Honorary Fellow, "no longer lived in the flesh," but "*ingenio stat sine morte decus.*" A concise but worthy memoir of Gustav Simon therefore appropriately finds its place in our volume already published.

It may, I suppose, be assumed that the policy of this Society has in most respects been settled for the future. Still I trust that I may not be regarded as abusing my position, if I venture to offer a few suggestions for your consideration. We have already a nucleus for efficient work, and there is no necessity of rapidly filling our list to the limits determined by our Constitution. Yet there is a considerable number of men who have done such good work in Obstetrics and Gynecology and who have won so such personal and professional reputation, that they are entitled to original membership equally with those who have already been enrolled. We may confidently anticipate that those who, from accidental circumstances due to the hasty organization of the Society, were not included among its founders, will be above all petty feeling of disappointment; that they will recognize the fact that they were not intentionally left out, and demonstrate their qualifications for membership, by writing such papers as candidates, as will do honor to our Transactions as well as to themselves. The example of such will close the mouths of cavillers and will be a precedent for the coming men of the future. I am happy

to say that some of the most eminent of this class have already illustrated the worthiness of their reputation by taking the initiative in such a course ; these we shall be proud to enroll among our Fellows.

While it is beyond a doubt that no personal jealousy or unworthy motive can influence a vote for or against a candidate for Fellowship, and while it is necessary that the excellence of a paper for publication in our Transactions should testify to the wisdom of the Society in stamping a reputation, already acquired, with its endorsement by an election to a Fellowship, yet the character of the candidate should be an important consideration. We are wisely limited by our Constitution to a comparatively small number of Fellows ; and in order to secure for the Society the unqualified respect of the profession at home and abroad, and to make membership an honor worth the seeking, none should be elected who have not won a right to the position by a conceded personal and professional eminence. Thus it may happen that papers, in every respect worthy of publication in our Transactions, may be offered by those of brilliant promise as to the future, yet such men can afford to wait until time has demonstrated that the buds and blossoms of youth have developed the fruit which ripens in an established reputation with the profession at large.

In the election of Foreign Honorary Fellows, we have adopted the wise policy of selecting a very small number from those only who have done so much for the literature and science of our branch of the profession, as to make their election an expression of the highest respect which this Society can evince. Honors cheapened by being made common are but slightly esteemed. As regards Honorary Fellows from among our own countrymen, I would suggest whether it may not be expedient in the future to confine our selection chiefly to such as have won the honor by good service in the Society, until age shall exempt them from a demand on our part for active work. An exception to this rule might be made when some one, whose professional

life is not devoted specially to Obstetrics or Gynecology, makes an important contribution to the literature or science of these departments, and thus becomes entitled to the recognition of the Society.

In a Society of this kind, in which Fellowship is restricted to a small number, it is of vital importance that all should be active working members. It is to be hoped that no mistake has been made in the *personnel* of its original formation, and that no modification of the Constitution may become necessary to enable the Society to "lop off its dead wood." If among its members, some were included because of their past promise of talent and industry, who neither attend its meetings nor contribute papers of value to its Transactions, and thus demonstrate the fact that they are neither useful nor ornamental as Fellows, the Society should have some method by which it may rid itself of those who only "cumber the ground."

I shall add only a word in regard to the financial prosperity of the Society, for this is essential to its success. If our annual volume of Transactions be filled with good and interesting material, which shall adequately and faithfully represent our national progress in Obstetrics and Gynecology, and if, in addition to this, there is to be found in each volume a complete bibliographical index of everything that is published pertaining to these subjects, not only in English but in foreign literature, during the current year, there can be no doubt that there will be such a yearly demand for the work by the profession, as to insure the sale of a large edition. Thus writers of papers are assured that the fruits of their labor are not buried in a volume of Transactions which no one will read, but are certain to secure a perusal from the largest class of the most appreciative and interested readers in all parts of the world; and the financial success of the Society will stand on a solid basis.

Some have doubtless been disappointed by the delay in the publication of our first volume; and this must have weakened to a certain extent the enthusiasm for Society

work in the preparation for the present meeting. I am assured that this delay was in no degree due to the Committee of Publication or to the Publishers, but that it resulted from the tardiness of writers of papers in sending them to the Secretary, ready for the printer, and in some instances from neglect to return corrected proof promptly. This was pardonable for this year, as our first Session so soon followed the organization of the Society as to give but scant time for the complete preparation of papers. Yet this excuse can never be good hereafter, and every Fellow should feel bound in honor to have his paper ready for print, when it is presented at the Annual Session. It may become necessary for the Society to give the Publishing Committee power to postpone to the following year the printing of papers which are so incomplete as to delay the publication of our annual volume.

It is the province of this Society to take the initiative and give the tone and coloring to the progressive advance of science in Obstetrics and Gynecology in this country; to stamp with its approval all real merit, and to extinguish sham. It should make its superior influence felt in all work in this connection. I have no new discovery in science or new improvement in our art to announce, neither do I purpose to assume the role of a teacher; but now, on this last occasion when I shall "have the floor" to speak officially, I design to occupy the more humble position of a mere suggester of the kind of work to which this Society may give a direction and which all must concede is much needed.

The most striking progress of Gynecology during the last fifty years has been in the improvements in physical diagnosis and surgical operations. The brilliant results now obtained in Ovariectomy, and the surgical cure now rendered almost certain, of the lesions resulting from parturition, which were formerly beyond the resources of our art, will probably make this a memorable period in the history of Gynecology, never to be surpassed in the future.

The triumphs of genius in this direction receive a speedy reward ; the *éclat* of operations brings fame and a pecuniary recompense out of all proportion to the returns which patient labor, great talent, and important contributions of new truths in Physiology, Pathology, and Therapeutics, ever receive. It is not, therefore, surprising that Surgical Gynecology, so attractive and remunerative, has chiefly engrossed the minds of those who have most exclusively devoted their time and talents to the cultivation of this branch of our profession ; and that Medical Gynecology has, in comparison, been left in the background and can boast of but little growth. I would not depreciate the importance of Surgical Gynecology ; for in no department of medicine has more been achieved or have more striking results been obtained in the relief of suffering and the preservation of life. No surgical operation has ever been devised, which has probably added so much to the duration of life, within the period of time since it has been accepted as a justifiable and legitimate procedure, as that of Ovariectomy. This is conservative surgery in its highest sense ; and its beneficent result will be continued through all future time. So long as women are compelled to incur the perils of parturition without the aid of intelligent and skilled accoucheurs, so long will they be liable to lesions which make life a miserable burden to the victim and a loathsome offense to others. In the hands of surgical experts such lesions are now almost certain to be cured. But operations of this character must inevitably be left in the hands of the few who have had the opportunity for acquiring the necessary experience and training, and who possess the requisite aptitude and dexterity of manipulation.

Brilliant surgical success is necessarily attended with more or less dangerous tendencies ; and it should be one of the missions of our Society to protect the profession and the public from such evils. If reckless enthusiasm for the *éclat* of operations prompt to the performance of such as are not absolutely necessary to preserve health or to save

life, it must be deemed criminal, and the operator be held as responsible for the consequences as is the master of a steamer who, by racing, exceeds the capacity of his engine and destroys the lives of the passengers by its explosion, or the careless switch-tender, whose mistake in the performance of duty results in the destruction of railway carriages and in the terrible injuries and death of travelers. A Balaklava charge on the field of battle may have its justification or be excused by the poet's phrase,—

“Some one has blundered,”

but we have no such defense in the execution of the duties of our profession. The sole justification of any operation which involves suffering and danger to the subject, must be the strong probability, based on scientific knowledge, that compensating good will be the result. An operation for the removal of an intra-uterine tumor which interferes but slightly with the functions of the vital organs, which probably will cease to increase in size after the menopause and may possibly disappear by the conservative processes of nature, cannot be defended, if, on being attempted it should cause death; still less, repeated fatal results from operations, whose sole object is the possible relief from symptoms which have but a slight disturbing influence on the general health or the problematical cure of sterility. It is difficult to conceive that such events can occur in the conscientious, intelligent performance of duty, but they befall operators who

“Have no spur

To prick the sides of their intent, but only
Vaulting ambition, which o'erleaps itself
And falls on the other.”

Retribution sooner or later must follow. The crushing force of public opinion is as terrible a punishment as the execution of the law. While, in my opinion, ethical discussions should have no place in the proceedings of this Society, yet as individuals and as a body, we should make our influence felt in preserving a sound moral sense. It

seems hardly necessary for me to add, in order to prevent misapprehension, that I have no reference in my remarks to the surgical treatment of uterine fibroids, — first suggested and practiced nearly a quarter of a century ago by a Fellow of this Society — when they become dangerous by the exhausting hemorrhages which are sometimes caused by them or by their mechanical interference with essential functions ; neither do I mean to condemn incision of the cervix uteri, where stenosis, whether congenital or acquired, absolutely exists.

It would not be fitting on this occasion for me to discuss elementary principles ; but it is certainly pertinent to ask what work is now most needed in Gynecology, and I may therefore venture to throw out a few suggestions in answer to this inquiry.

Not only the specialist but every general practitioner desires to see settled many questions, still in dispute, as to the etiology, the pathology, and the appropriate treatment of the most common symptoms which cause suffering and prevent the healthy performance of the sexual functions, of menstruation, ovulation, conception, gestation, parturition, and involution. Putting the question in this simple way, we see that it covers a broad ground, in which Gynecology can as yet lay no claim to scientific precision, and her teachings are “a trumpet of uncertain sound.”

The science of the law is based on the decision of judges ; and what is technically termed a digest, is a practical manual for the whole profession. But any such digest of Gynecological science is at present impossible, for there are no authoritative decisions which all are bound to accept ; and any attempt to impose the weight of authority will be affected by the mental bias of theory, and will inevitably give undue prominence to certain doctrines, while others are slighted or wholly overlooked. We have yet to determine what the truth is, in regard to many of the most important points, on which, every day, the profession is called upon to decide and act.

Take the question of uterine displacements and flexions, which for more than twenty years has been a subject of active discussion and controversy. Let us first see what are accepted by all as facts, which have a bearing on this subject. The position of the uterus in the pelvic cavity, its relations to contiguous organs and tissues, its normal mobility, its change of situation with each deep inspiration, its displacement backward by a full bladder, its quick restoration by the rapidity with which the bladder of the female is emptied, its displacement forward by a distended rectum, the fact that its only unyielding or fixed attachment is that of its lower anterior portion to the bladder, which is continuous with a similar attachment to the upper part of the vagina, so that in health, the orifice of the cervix corresponds in direction to that of the centre of the distended vaginal canal, are all settled points. The *proportionate* influence of each adjacent tissue in keeping the organ in its normal relation to other organs and in restoring it to position, when physiologically or temporarily displaced, has not yet been definitely determined, and it probably varies to a certain extent in different women. But all agree that the ligaments, the connective tissue, the vascular apparatus and the vaginal walls, each contribute to this end.

That the law of gravitation will govern the displacement of the organ, if there be abnormal increase of its weight out of proportion to the normal sustaining power, is doubted by no one. Then, that acute displacement of the unimpregnated organ causes, in some instances, severe suffering, is a fact of common observation. There are some women who are liable to sudden retroversion of the organ, which at once causes severe pain up the whole back, violent headache, and a flushed face, symptoms which are immediately relieved by the restoration of the organ to its normal position. In one of my patients, a retroversion of four or five days' duration resulted in positive insanity, which was cured by replacement of the organ. It is also an accepted

fact that the various displacements, in some instances, essentially and injuriously modify the nutritive, neurotic, and vascular conditions of the organ. An acute displacement sometimes causes such a congestion as to double the weight of the organ in a few days, which as rapidly decreases when the organ is restored to its place. On the other hand, all are in accord that the various pathological conditions which result in either increasing the weight of the organ or in diminishing the sustaining forces which surround it, cause displacements, and that the cure of the pathological cause is followed by restoration of the normal position of the organ.

Thus we all acknowledge that uterine affections may be divided into two classes; one being the displacements of the organ, and the other its pathological changes (functional derangements being common to both); and that when the one class occurs as a primary cause, the other may follow as a consequence. Gynecologists, however, differ greatly in their belief as to the comparative frequency and importance of these two classes. If the question could be directly put to all who are specially interested in the study and treatment of these diseases, and the answer be given, after due reflection, as to the influence which parturition, sub-involution, disordered functions, leucorrhea, and constitutional causes have in producing pathological changes, I doubt not that the reply of a large majority would be that the pathological changes much more frequently occur as a primary cause, and are much the more important. Yet, if one should seek the answer in an examination of the general practice of the profession and a comparison of the efforts made to effect cures by the selection of therapeutical resources, I am not sure that the general expression would not be the reverse. For example, in studying this subject, I find that, since 1845, one hundred and two men have sought immortality by devising new forms of pessaries, descriptions of which has been published.

Is there any evidence of a corresponding activity in as-

certaining the etiology, in defining symptoms, and in discovering remedies for the various organic and functional diseases of the organ, as in devising means for keeping it in its place? I may go farther and ask if even much of the knowledge of the past is not now generally overlooked or forgotten? Is not the direct vascular communication between the uterine, the ovarian, and the vaginal plexus usually disregarded by reason of the exclusive study of the diseases of one or the other of these organs? Is not the important relationship which exists between hepatic disorders and uterine affections very generally ignored in the treatment of the diseases of both the hepatic and the uterine organs, from forgetfulness of the connection which exists between the uterine and the hemorrhoidal plexus? Numerous illustrations must at once occur to the minds of all, which will justify me in the assertion that the medical has received much less attention than the surgical treatment of uterine affections.

If in theory most of the profession would avow the belief that the pathological conditions of the uterus are of more importance than its changes of position, it would seem that in practice the governing principles of treatment are those which emanate from the school, which one of its most ardent enthusiasts has appropriately termed, "the mechanical system of uterine pathology."

The truth of this assertion is confirmed by a reference to the opinions which appear to govern the practice of large numbers of the profession in the treatment of uterine flexions. Do we not find the feeling very common, that, when these flexions exist, the nervous symptoms, the pelvic pain, and the functional disorders are almost wholly due to what is supposed to be the abnormal form of the organ, and that the appropriate treatment must be the mechanical means for restoring the organ to a proper shape?

While I regard it as hardly excusable, in discussing general principles in such an address, to occupy the time of the Society with matters of detail, I may be pardoned for

relating a case which came under my observation some years ago, as it seems to me very suggestive in some important points in connection with this subject.

In April, 1860, I was consulted in regard to a lady, aged nineteen, married three months, as to the existence of pregnancy and the safety of a voyage to Europe in May. She had the appearance of perfect health. Menstruation was established at fourteen, always scanty, attended with moderate pains in the pelvis and tenderness and rather severe pains in the breast for the first day only, but the period never continued beyond the third day. Since her marriage, which took place two days after menstruation had ceased, she had not been unwell, nor had she felt any sensations like those usual on the first day of her period. On examination, I found one of the most acute antelexions that I ever met ; but the body of the uterus was small, while the vaginal portion of the cervix was rather large in proportion to the size of the body. I expressed the opinion that she was not pregnant, but I did not say that she never would be, although I thought so. She left for Europe the first of May, and the day after sailing, the menses appeared, the flow was more abundant than usual and continued four days, for the first time in her life. In June, while at Frankfort-on-the-Main, exactly four weeks from the last period, menstruation was again free for four days. Her passage was taken for her return to this country in October, but as she had not menstruated since June, while in Paris, the latter part of September, her husband consulted Dr. Campbell, who pronounced her pregnant. They therefore remained in Paris for the winter, and early in March she gave birth to a healthy child. In May, 1861, they returned to New York, where I was called to see her on account of some supposed uterine troubles, but her symptoms proved to be wholly due to internal hemorrhoids. My surprise was great to find the uterus almost the same as at my first examination, extremely antelexed, the body small for a woman who had been delivered but nine weeks before, the

cervix rather large. With a very flexible sound, I found the uterus and cervix measured two inches and seven eighths. In April, 1862, she gave birth to a second child, and in April, 1863, she had a third, having never menstruated since her first pregnancy. In the autumn of 1865, the family again went to Europe. They returned the following year, when I found her so changed, that if I had met her in the street I should not have recognized her. Her general health was completely broken down, and she was a wretched invalid from pelvic cellulitis and recurrent abscesses.

The preceding December she was suffering from some pelvic symptoms, and, by the advice of friends, she consulted a very eminent gynecologist, who considered her symptoms due to ante flexion and introduced a stem pessary. Several different instruments were tried, all of which, as she says, caused her intolerable agony, but being a lady of great force of character, she was persuaded to persevere in wearing one of the instruments for three weeks, when she became severely, and I should judge from the history given, very dangerously ill. It was quite two years before she recovered her health. When she regarded herself as quite well, I found the uterus larger than before, but the ante flexion remained the same. In June, 1869, she removed to Europe, where she has since remained. In December, 1870, she gave birth to her fourth child. I have seen her nearly every summer, and she informs me that she has never had occasion to seek the advice of a physician for herself since the birth of her last child. Three years ago I begged permission to make an examination, and found the uterus as ante flexed as before.

Now, while admitting that this is, in many respects, a very exceptional case, it was to me a very suggestive one. It taught me, in connection with subsequent experience in other cases, that the extremes of flexion of the uterus may exist without symptoms, and without materially interfering with the functions of the organ. I have found, in some

cases that menstruation restores the form of the organ so as to permit the easy introduction of the sound, which, during the interval between the periods, can only be passed when greatly curved.

I have utilized this observation in deciding as to the time when labor might be expected, in women whom I have known to have marked flexions of the uterus, by regarding it as probable that conception took place from twenty-one to twenty-seven days after the last menstruation, and I have usually found that my calculation as to the period of utero-gestation has proved correct.

I believe that most Gynecologists, who are not partisans of "the mechanical system of uterine pathology," will accept the following propositions:—

Flexions in the virgin cause no symptoms, except a slight dysmenorrhea, unless there be some vitiation of the general health, defective nutrition, neurotic disturbances, or pathological change of the pelvic organs other than the flexion.

In some married women, in whom flexions exist, all the functions of the uterus, menstruation, conception, gestation, and parturition, are performed without any apparent difficulty due to change of the form of the organ.

In the married, however, these flexions may become a source of irritation, and be one of the factors in producing functional disorders, neurotic disturbances, and pathological changes of structure, not only in the uterus, but in the adjacent tissues.

Mechanical treatment, such as the use of pessaries, or surgical, such as the division of the posterior lip backward, is neither safe nor useful, until all associated pathological conditions, due to antecedent or coincident inflammation, have been overcome.

All treatment, whether local, surgical, or mechanical, will fail in curing uterine disease, so long as the blood is deficient in its proper proportion of nutritive elements, and therefore appropriate constitutional treatment is essential to success.

I may therefore ask whether the general neglect of these principles does not justify me in calling attention to the importance of Medical Gynecology?

One of our number, some years ago, made a valuable contribution to uterine surgery, by pointing out the importance of lacerations of the cervix uteri, as a frequent and unrecognized cause of disease, and by describing a successful mode of surgical treatment. I know the accuracy of his description and have seen the success of his treatment. Yet there is a medical aspect to the subject which should not be overlooked. This disease is always associated with sub-involution, which, in a majority of cases, is, I think, the primary cause of the failure of the lacerations to cicatrize and of the subsequent eversion, and I am convinced by observation that in some cases effective treatment, which secures the complete involution of the organ, renders the operation unnecessary.

One of our subjects for discussion during the present session is, whether it be justifiable "to remove the functionally active ovaries, in the case of any grave disease, which is either dangerous to life or destructive of health and happiness, which is incurable by other and less radical means, and which we may reasonably expect to remove by the arrest of ovulation or change of life." The paper on this subject, in our Transactions, has doubtless been carefully studied by all, at least those who intend to take part in the discussion. No one can read it without the conviction that this bold innovator has been governed by the most conscientious motives, and that his aim has been to relieve his patients rather than to attain surgical glory. By reference to the paper, it is seen that he has shown the courage of his opinions by performing the operation on ten patients, only one of whom died. To quote his language in the "*Atlanta Medical and Surgical Journal*," he "appeals to the bar of the medical world, and purposes to submit to its just judgment." I think, therefore, we may well believe that no one can be more anxious than he to hear all the valid argu-

ments which may be urged against the operation. I refer to it now, because I think it affords another illustration of the importance of Medical Gynecology.

The author distinctly asserts that, "he does not propose the operation for any case which is curable by other means." Here lies the whole gist of the question.

From the description given of the symptoms in the cases in which the operation was performed, I should infer that they belong to the class described by Charcot as *Ovarian Hyperesthesia*, which Swediaur designates as *Hyperkinesis*, Schutzenberger, as *Ovarialgia*, and Negrier, as *Ovaria*. It is accompanied generally by the aura hysterica, the globus hystericus, and cerebral phenomena. Most of us, I presume, have seen such cases, differing in degrees of intensity, some persisting for many years. In some cases the disease is attended with contractures, paralysis, and hysteropileptic convulsions.

One case, which had existed for three years when I first saw her, was that of a young lady, twenty-one years of age, of delicate frame and feeble organization, in whom menstruation appeared at the age of seventeen, but was always very scanty and attended with severe suffering. For eight years she was under the treatment of many different physicians, but without benefit. It is hardly possible to suggest a remedy which had not been thoroughly tried. Her condition was most pitiable, and during ten days, which included the menstrual period, she required constant watching and attendance. Some months after the death of her father, she was said to be greatly improved, and her engagement to be married was announced. I have since learned, that at the age of eighteen she formed an attachment, but her father, a man of very positive will, absolutely forbade an engagement, because, as he said, "the young man was good for nothing," that is, he had esthetic tastes, but no business, profession, or money. The death of her father removed all obstacles. Since her marriage, she still suffers severely at her menstrual periods, but, on the whole,

enjoys a happy, and for her, a useful life, for she handsomely supports a luxurious husband. In this instance two negatives have not made an affirmative, for the marriage has not been fruitful.

In another case, which I have no doubt has been seen by most of the gynecologists of New York, ovarian pains of agonizing severity had made life a burden for many years, and in this case they were attended with paralysis, contractures, and monthly attacks of hystero-epileptic convulsions. A year ago, while visiting the wife of a clergyman, he told me of the wonderful cure of a lady, "of paralysis and convulsions, — for which she had been treated for years, by all the eminent physicians of New York, — by the power of prayer."

On inquiry, I found her to be the same lady, just referred to, whom I had seen several times, three or four years before, and I therefore visited her again, to learn the facts from her own lips. She told me that her mother, sister, and brother-in-law, who constituted the family, became greatly interested in the meetings of Moody and Sankey. The house, which before was always gloomy, became cheerful and animated, from religious exaltation and the singing of hymns. Prayers were put up at the meetings for her conversion, and at last, to use her own words, "she experienced religion." She then prayed most fervently night and day, either for death or for recovery, so that she might no longer be a trial or burden to her friends, and her prayer was in a great measure answered. I visited her again a few days since, and found that it is now fourteen months since she has had either convulsions, paralysis, or curvatures, and that she has comfortable health, assists in household duties, goes to church, and has a class at Sunday-school, except during the week of her menstruation, when she is compelled to stay in bed. Her suffering then she represents as severe, but still she gets along without any form of opiate, which formerly, at these periods, she was obliged to use in very large quantities.

Now, is it not well to inquire, if psychical remedies cure some such cases as successfully as the extirpation of the ovaries, whether other remedies may not be found equally effective in curing others. The difficulty in settling this question, it seems to me, lies in coming to a decision as to what cases are absolutely incurable by other means.

In those rare cases of functional activity of the ovaries, coexistent with congenital absence of the uterus, or a mere rudimental development of the organ, where there results such constitutional disturbance and shock from the absence of relief effected by the periodical depletion of menstruation, as to render life useless and intolerable, it seems to me that there can be no question, that the suggestion of Dr. Battey was a great thought, and that the operation which he first had the genius to devise and the boldness to perform, will be accepted by the profession of the future. But it will demand the experience and observation of years to determine, in how much wider range of cases the operation is to be accepted as justifiable.

I greatly regret that time will not permit me to discuss what I regard as a very general neglect of ovarian pathology and therapeutics, aside from what pertains to ovarian tumors. But I think that I have said enough to show clearly that Medical Gynecology should bear as important a part in the work of this Society, as Uterine Surgery. Uterine therapeutics have by no means kept apace with our progress in pathology and improved methods of diagnosis. It has been very much the fashion to express a skeptical doubt as to the value of medicinal agents, in a manner implying a latent belief that incredulity on this point is an evidence of a strong mind, and that a confidence in the efficacy of therapeutic agents is an evidence of weakness.

In conclusion, permit me to express the hope, that you will elect some more worthy successor to fill the place which I now hold, and to thank you most warmly for the undeserved honor, and the kindness and patience with which you have listened to me to day.

